SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

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Page 1 of 17

COVER PAGEBRISTOL, CT

1. NAME OF COMMITTEE										
MARY FORTIER FOR CITY COUNCIL										
2. TREASURER NAME										
First DAVID	MI Last M FORTIER								Suffix	
		IVI		FORTIER						
3. TREASURER ADDRESS Street Address			City					State	Zip C	ode
163 GOODWIN ST			BRIS	TOL			- 1	CT	060	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	only i	f Candidate	Committee)				6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/05/2019	CITY COUNCIL								(if applicable	3
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	y Committee)								
First MARY		MI Last								Suffix
		В		FORTIE	1					
8. TYPE OF REPORT (Check One Box)	0			-						
January 10 filing	7th day preced	ling primary	7th day preceding referendum				nitial Conti PACs ONLY)	ribution o	r Disbursement	
April 10 filing	●30 days follow	ing primary	,	O 45 d	ays following re	ferendum	O A	mendmen	t to	
July 10 filing	7th day preced	ling election	on O Deficit				Ту	pe of Rep	ort:	
October 10 filing	12th day prece			Termination			7	TH DAY F	PRECEDI	NG ELECTION
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		1							
9. PERIOD COVERED					Nemacon Control					
	Beginning Dat	e			Ending D	ate				
	10/01/19			thru	10/27/19					
-			_				-			
10. CERTIFICATION										
I hereby certify and state, under p Disclosure Statement for the per TREASURER OR DEPUTY TREASURE	penalties of false s riod covered is to ER (SIGNATURE)	rue, accur [_	ate a	nd com	olete.	forth on this	Iten	nized Can	2/	inance 7 202 0 (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMETTEE PARTY OF THE	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) MARY FORTIER FOR CITY COUCIL	7TH DAY PRECEDING AMENDMENT					
	COLUMN A This Period	COLUMN B Aggregate				
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0				
12. Balance on hand at the beginning of Reporting Period	2761.71					
13. Contributions Received from Individuals (Sections A and B)	25.00	3040.00				
14. Receipts from Other Committees (Sections C1 and C2)	375.00	375.00				
15. Other Monetary Receipts (Sections D through K)	0	0				
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0				
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed						
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0				
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	400.00	3415.00				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	3161.71	3415.00				
19. Expenses Paid by Committee (Section P)	0	253.29				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3161.71	3161.71				
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0				
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0				
23. In-Kind Contributions Received (Section M)	0	34.10				
24. Refundable Deposit to Telephone Company (Section N)	0	0				
25. Loan Balance	0					
25a. + Loans Received (Section D)	0	0				
25b. + Interest and Penalties on Loan	0	0				
25c Payments on Loan	0	0				
25d. Total Outstanding Loan Amount	0					
26. Campaign Expenses Paid by Candidate (Section Q)	0	213.44				
27. Expenses Incurred on Committee Credit Card (Section R)	o	0				
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0					
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	o					
						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
MARY FORTIER FOR CITY COUNCIL		7TH DAY PRECEDIN	7TH DAY PRECEDING AMENDMENT			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$ O				
B. Itemized Con	ntributions from Indivi	duals				
Last Name AHMED	First SABRINA			MI		
	City		C I	7: 0.1		
73 ARBOR TERRACE	SOUTHPORT			Zip Code 06890		
Principal Occupation	Name of Employer					
ATTORNEY	CT JUDICIAL BRANC	CH				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	25.00	Amount of Contribution				
Is this contribution associated with an Yes Is contributor a principal of a s	OYes ONo state contractor or prospective state		7 25.00			
event reported in Section L1? If yes, list Event # No If yes, indicate which bran of government the contract		OLegislative No				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10/02/2019	25.00				
Last Name	First			MI		
Residential Street Address	City		State 2	Zip Code		
Principal Occupation	Name of Employer	·				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amour	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes No Is contributor a principal of a significant which brain of government the contract of government the contract.		e contractor? Yes No Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order					
Last Name	First			MI		
Residential Street Address	City		State 2	Zip Code		
Principal Occupation	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amour	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, list Event # Section L1?	_	e contractor? Yes No Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order					
SUBT	OTAL Section B — This	Page 25.00				
TOTAL	of additional Section B P	ages A				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 13, Column A of Summary Page :	x + B)				

	TTEE (Provide Complete No	ame as Registered wi	th Filing Reposite	ory)		TYPE OF REPORT	
MARY FORTIER FO	JR CITY COUNCIL	G: G					DING AMENDMENT
Name of Committee		Cl. C	<u>ontribution</u>	as from U	ther Comm		
AFT CONNECTICU	л				EDWARD L		
Address 35 MARSHALL RD)			Is this contri event report	ed in Section L1?	d with an OYes ONo? st Event #	Amount of Contribution 375.00
City		State	Zip Code	Date Rece		Aggregate Contributions	
ROCKY HILL		СТ	06067	10/18/2		375.00	
Name of Committee					Name of Treasur	rer	
Address				Is this contri event report	ed in Section L1?	d with an Yes No?	Amount of Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions	
Name of Committee					Name of Treasur	Ter	
Address				Is this contri event report	ed in Section L1?	d with an Yes No?	Amount of Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions	
	C2. Reir	nbursement	s or Surple	as Distrib	utions from	other Committees	
Name of Committee					Name of Treasur		
Address				City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimbursemen	nt for shared ex	cpense OS	urplus Distributi	Amount of Receipt	
Description							
Name of Committee					Name of Treasur	rer	
Address				City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimbursem	nent for shared	expense C	Surplus Distribu	ation	Amount of Receipt
Description							
			SUBTO	FAL Sectio	n C — This l	Page 375.00	
					l Section C P		
	TOTAL OF AL (Sections C1	L COMMITT + C2) (Enter to					

NAME OF COMMITTEE (Provide Complete Name as Registered with Find MARY FORTIER FOR CITY COUNCIL	iling Repository)			TYPE OF REPORT 7TH DAY PRECEDING AMENDMENT			
	Loans Reac	eived this Period	/ / / / /	MITALCLUING	AMENDIVICINI		
Name of Lender	LUANS NECE	Source of Loan:			Date of Receipt		
		Bank Cand	lidate 🔘 Indivi	idual Other Committee			
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applicable)					Amount Received		
Street Address	City		State	Zip Code	-		
		: 					
Name of Lender		Source of Loan: Bank Cand		dual Other Committee	Date of Receipt		
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applicable)					Amount Received		
Street Address	City		State	Zip Code	-		
Name of Lender		Source of Loan: Bank Cand		Committee	Date of Receipt		
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applicable)					Amount Received		
Street Address	City		State	Zip Code			
		TOTAL SECTION	OND 0				
E. Receipts from Entities other tha	n Individual	s or Other Comp	nittaas (Refe	- and tow Committe	- CAILVI		
Name of Entity	H HIWI	SUI OTHER COLL	Intrees projec	enuum commune	es UNL1)		
Street Address			Date Received				
inter names			Date Necesyon		Amount Received		
City	State	Zip Code	Aggregate Con	ıtributions			
Name of Entity							
Street Address			Date Received		1		
ucel Address			Date Received		Amount Received		
City	State	Zip Code	Aggregate Con	tributions			
Name of Entity							
Street Address		·	Date Received		Amount Received		
City	State	Zip Code	1				
	- Cuito	Zip Code	Aggregate Con	tributions			
		TOTAL SECTION	ON E 0	I			

	Provide Complete Name as Registe	red with Filing Repository)		TYPE OF REPORT
MARY FORTIER FOR CI	I Y COUNCIL			7TH DAY PRECEDING AMENDMENT
	Amount Transferred	from Affiliated Busine:	ss Treasury (Busin	ess Entity Committees ONLY)
Date of Receipt	Is this transaction associate event reported in Section	103 1/ /0.	s, list Event#	Amount
Date of Receipt	Is this transaction associatevent reported in Section		s, list Event #	Amount
Date of Receipt	Is this transaction associatevent reported in Section		s, list Event #	Amount
Date of Receipt	Is this transaction associatevent reported in Section	103 17 76.	s, list Event #	Amount
			TOTAL SECTION	1 F 0
G. Amount Tran	sferred from Affiliat	ed Labor Union or Otl	er Organization	Treasury (Organization Committees ONLY)
Date of Receipt	·	Date of Receipt	·	Date of Receipt
Amo	unt	Amount		Amount
		r	OTAL SECTION (0
		·		
H.	Personal Funds of t	he Candidate Received	this Period (Can	didate Committees ONLY)
Date of Receipt	Method of payment:			Amount
	O Cash	Personal Check	Credit/Debit C	Card
Date of Receipt	Method of payment:			Amount
	○ Cash	Personal Check	Credit/Debit C	ard
Date of Receipt	Method of payment:			Amount
	Cash	Personal Check	Credit/Debit C	ard land
Date of Receipt	Method of payment:			Amount
	O Cash	O Personal Check	Credit/Debit C	ard
			TOTAL SECTIO	DN H 0
			ne a proposition de la company	
		I. Anonymous Co.	itributions	

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name as Registered with F	TYP	PE OF REPORT			
MARY FORTIER FOR CITY COUNCIL		7TH	DAY P	RECEDING A	AMENDMENT
	om Deposits in Authorized Accour	its			
Name of Institution		Date	Received		Amount
Street Address	City	State	Zi	p Code	
Name of Institution		Date	Received		Amount
Street Address	City	State	Zi	p Code	
	TOTAL SECTIO	NJ	0		
K. Miscellaneous Mo	netary Receipts not Considered Co	ntri	oution	IS	
Name			Date of	ransaction	Amount Received
Street Address	City	Sta	te	Zip Code	
Description					
Name		·	Date of	ransaction	Amount Received
Street Address	I cir.	Sta		7: C1-	
Silver / Nations	City	Sta	c	Zip Code	
Description					
Name			Date of T	ransaction	Amount Received
Street Address	City	Stat	e	Zip Code	
Description					
Name			Date of T	ransaction	Amount Received
Street Address	City	Sta	e	Zip Code	
Description		L		<u> </u>	
	TOTAL SECTION K	0			
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	throu	gh K)	
Total Loans Received this Period (Section D)				0	
Total Receipts from Entities other than Individuals or Oth	er Committees (Section E)	+		0	
Total Amount Transferred from Affiliated Business Treas	ury (Section F)	+		0	
Total Amount Transferred from Affiliated Labor Union of) +		0	
Total Amount of Personal Funds of the Candidate Receive		+		0	
Total Amount of Interest from Deposits in Authorized Acc		+		0	
Total Miscellaneous Monetary Receipts not Considered Co		+ Doo	aint-	0	
(Add Sections D through	Total of Other Monetary K) (Enter total on Line 15, Column A of Summary	Rec Page	Totals)	0	

NAME OF COMMITTEE (Provide Complete Name of	s Registered with Filing Repository,)	TYPE OF REPORT						
MARY FORTIER FOR CITY COUNCIL			7TH DAY PRECED	ING AMENDI	MENT				
	L1. Ever	it Information							
Event # Description Date of Event Letter				Was this a fur	ndraising event?				
				O Yes	O No				
Location: Street Address		City		State	Zip Code				
				State	Zip code				
Subpart 1: (All Committees)									
Was this event hosted at a personal residence?		Yes (If yes, go to Section L5 Associated with a Hou purchases made by host No	se Party and complete	required infor	Contributions mation for any				
Did this fundraiser include goods or services d	onated by a business entity	Yes (If yes, go to Section La	In Kind Donations n	at Cansidanad 1	Cantuibutiana				
of up to \$200 or items donated by an individua		and complete required i		ot Considered (Contributions				
		O No							
Was this fundraiser a tag sale, auction, or other		OYes (If yes, enter Total Reco	eipts here.)						
with purchases from an individual of up to \$10	0?	O		\$					
		O No							
Subpart 2: (Party Committees, Municipal Ca Were there purchases of advertising space in a	ndidates and Political Com.	mittees other than Exploratory	Committees)	-! C	n. n.				
sign associated with this fundraiser?	program book or on a	O Yes (If yes, go to Section L3 or on a Sign and comp			Program Book				
		ONo		,					
Subpart 3: (Town Committees ONLY)									
Did your committee sell food or beverage at a		Yes (If yes, enter Total Reco	eipts here.)	Ф					
gathering held within the state with this fundra	iser?	O _{No}		\$					
		₩ NO							
Event # Date of Event Letter Description				Was this a fun	draising event?				
				O Yes	ONo				
Location: Street Address		City		State	Zip Code				
G. I. (All G. Str.)									
Subpart 1: (All Committees) Was this event hasted at a personal residence?		W (XC C X -							
Was this event hosted at a personal residence?		Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No							
Did this fundraiser include goods or services d		Yes (If yes, go to Section La	In-Kind Donations n	ot Considered (Contributions				
of up to \$200 or items donated by an individua	l of up to \$100?	and complete required i							
	·····	O No							
Was this fundraiser a tag sale, auction, or other with purchases from an individual of up to \$10		Yes (If yes, enter Total Reco	eipts here.)	Φ.					
with purchases from an individual of up to \$10		O No		\$					
Subpart 2: (Party Committees, Municipal Car	ndidates and Political Com		Committees)						
Were there purchases of advertising space in a	program book or on a	Yes (If yes, go to Section L3	Purchases of Adverti	sing Space in a	Program Book				
sign associated with this fundraiser?		or on a Sign and comp	lete required informa	tion.)					
G 1 2		O No							
Subpart 3: (Town Committees ONLY)	Sain an aineilan	D V (16							
Did your committee sell food or beverage at a gathering held within the state with this fundra		Yes (If yes, enter Total Rece	ipts nere.)	\$					
Same with the state with this reliable		ONo							
SUBTOTAL Section L1—Subpart 1 (All C	onunittees) Total Receipts fr	rom Sale of Donated Items — "	This Page 0						
		ion L1—Subpart 3 <i>(Town Commit</i> cipts from Food Purchases — T							
		TOTAL F. LEW. LG. J.	Li Pages 0						
		TOTAL of additional Section	Li rages		l				
		TOTAL of additional Section APTS FROM SMALL PUR In Line 16a, Column A of Summary	CHASES 0						

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

	(Provide Complete Name as Register	ed with Filing Reposito	in)	TYPE OF REPO			
MARY FORTIER FOR CIT				7TH DAY PREG	CEDIN	G AMENDN	IENT
N. CD. I	L3. Purchase	s of Advertisin	ng in a Prograi	m Book or on a Sign			
Name of Purchaser						e Made By:	A 0.1
						siness Entity	Other
Street Address			City		Oind	ividual/Sole P	Zip Code
						State	Zip code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise A	Amount of Sig	gn Purchase
Name of Purchaser					Purchase	e Made By:	
					OBus	siness Entity	Other
					O Ind	ividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	60 /	Amount of Sig	m Durahasa
				Amount of Frogram 230 Furcha		vinount of Sig	in i ui chase
Name of Purchaser					Purchase	e Made By:	
					Bus	siness Entity	Other
S					OInd	ividual/Sole P	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se A	Amount of Sig	n Purchase
Name of Purchaser						Made By:	
					_	siness Entity	Other Other
Street Address			City		O Ind	ividual/Sole P	roprietorship Zip Code
			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se A	Amount of Sig	n Purchase
Name of Purchaser					Purchase	Made By:	
					_	siness Entity	Other
					_	ividual/Sole Pi	•
Street Address			City			State	Zip Code
Data Baraina I	F		6 497				
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se A	Amount of Sig	n Purchase
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	ogram Book — This Page 0			
	SUBTOTAL Section	on L3 Total Purc	hases of Advertisi	ng on a Sign — This Page 0			
		17 17 487	TOTAL of ac	Iditional Section L3 Pages 0			
TOTAL	OF ALL PURCHASES O	F ADVERTISING (Enter total on l	G IN A PROGRA Line 16c, Column A	M BOOK or ON A SIGN of Summary Page Totals)			
				/ /			

NAME OF COMMITTE	E (Provide Complete Name as Registe	red with Filing Repository)			TYPE OF REPORT	•				
MARY FORTIER FOR	CITY COUNCIL				7TH DAY PRECEI		AMENDM	IENT		
L4. In-Kind Donations Not Considered Contributions										
Name of Donor			,							
Street Address			City				State	Zip Code		
Donation Given By: Business Entity	Description of Donation					Fair I	Market Val	ue of Donation		
O Individual	D. D	T= "		1.						
O Sole Proprietorship	Date Received	Event #	Event # Aggregate Value for this Event							
Name of Donor								*****		
Ivanic of Bollor										
Street Address			City		,		State	Zip Code		
Donation Given By:	Description of Donation					Fair N	Market Val	Le of Donation		
Business Entity						1 411 1	anker van	ac or Donation		
OIndividual	Date Received	Event #		Aggregate Value for	this Event					
OSole Proprietorship										
Name of Donor					•					
Street Address			City				State	Zip Code		
				•						
Donation Given By: Business Entity	Description of Donation	,				Fair N	Aarket Val	ue of Donation		
OIndividual	Date Received	Event #	Aggregate Value for this Event							
O Sole Proprietorship	July Accessed	Event "		riggregate varue for	nue tot this event					
Name of Donor										
Street Address			City				State	Zip Code		
						Fair Market Value of Donation State Zip Code Fair Market Value of Donation				
Donation Given By:	Description of Donation		<u> </u>	· · · · · · · · · · · · · · · · · · ·		Fair N	l Iarket Valı	ie of Donation		
Business Entity										
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for	this Event					
Sole Proprietorship										
		SUBTO	OTAL Section	L4— This Page	0					
		TOTAL	of additional	Section L4 Page	0					
тот	'AL OF ALL IN-KIND DON	ATIONS NOT CON total on Line 21, Col								
	(ZIIIC)	21, 300								

NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Filing Repos.	itory)		TYPE OF RE	PORT	
MARY FORTIER FOR CITY C	OUNCIL			7TH DAY P	REC AME	NDMENT
L5. I	n-Kind Donations Not Consider	ed Contributions Assoc	iated with a H	louse Par	ty	
Name of Host			committee?	upporting many yes North	o	ne candidate or
Street Address		City			State	Zip Code
Description of Donation				Fair Mai	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	s host/candidate			
Name of Host			committee?	Yes ON	0	ne candidate or
Street Address		City	If yes, cor	nplete Itemiza	State	Zip Code
					State	Zip couc
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	s host/candidate			
Name of Host		de n en	committee?	upporting mo Yes ON nplete Itemize	0	ne candidate or
Street Address		City		•	State	Zip Code
Description of Donation		— · · · · · · · · · · · · · · · · · · ·		Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	: host/candidate			
Name of Host			Is this event so committee?	upporting mo Yes ON mplete Itemiza	0	
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
		SUBTOTAL Section L5 —	- This Page ()		
	TO	OTAL of additional Sectio	n L5 Pages (0		
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Li	CONSIDERED CONTRine 22, Column A of Summar)		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT										
MARY FORTIER FOR CITY COUNCIL							7TH D	AY PRECEDING	AMEND	MENT
			M. In-K	and Con	ıtri	butions				
Name										
Street Address					City	7			State	Zip Code
Type of contributor: Committee	Date Recei	ived	Aggregate Cor	ntributions		Description of In-Kind	l Contributio	n		<u>. </u>
OIndividual / Sole Proprietorship Oother	<u> </u>									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does con	ibution is in on the intributor or but the ibutor or but the ibutor of t	business he/sh	0 to a candidule is associat	ted w	for a chief executive with have a contract way Yes No	officer of a vith said m	municipality, inicipality	Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	If yes,	indicate which	or a principal of a state contractor or prospective state contractor? No State contractor? No State contractor? No Legislative				No		
Name		or gove.	Timent the co	Titract is wit	11.	DACCULIVE	Legisi	ative		
Street Address					City				State	Zip Code
Type of contributor: OCommittee	Date Recei	ved	Aggregate Cor	ntributions		Description of In-Kind	l Contributio	n		<u> </u>
Individual / Sole Proprietorship Other	10		0			0				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ontributor or at more than	business he/sl	00 to a candi he is associa	ated y	for a chief executive with have a contract of Yes No	officer of with said m	a municipality, unicipality		Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative										
Name		or gover	Timent the col	itiact is with	1.	Executive	OLegisia	live		
Street Address					City				State	Zip Code
	la a		T		L,					
Type of contributor:	Date Recei		Aggregate Con			Description of In-Kind				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in ontributor or at more than	business he/sl	00 to a candi he is associa	ated v	for a chief executive with have a contract v Yes No	officer of with said m	a municipality, unicipality		Market Value Contribution
Is this contribution associated with an		Is contribut	or a principal	of a state co	ontra	ctor or prospective st	tate contrac			
event reported listed in Section L1? If yes, list Event #	O No		indicate which rnment the cor			nches Executive	CLegisla	ative No		
			SUI	BTOTAL	Sect	tion M — This Pa	ge 0			
			TOTA	AL of add	itior	nal Section M Pag	es 0			
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS (E)	nter total on L	ine 23, Colu	mn A	1 of Summary Page T	otals) 0			
	N.	Refund	lable Dep	osit to T	ele	phone Compar	nv			
Last Name of Individual			<u> </u>	First				MI	Date Deposit	Made
Residential Street Address			City	<u> </u> /			State	Zip Code	П.,	Amount of
										Deposit Deposit
Name of Telephone Company							<u> </u>	<u> </u>	_	
Street Address			City	,			State	Zip Code		
										-
TOTAL SE	CTION	N Œ ···		24.63			rate) 0	<u></u>		
IOIALSE	CHON	IN (Enter to	otal on Line 2	44, Column	A of	Summary Page Tot	ats)			

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository) OR CITY COUNCIL		TYPE OF REPORT 7TH DAY PRECEDIN	G AMENDMENT			
		Paid by Committee					
Name of Payee		•	Date of Payment	Method of Payment: O Check # O Debit Card OEFT			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description	Ev	rent #	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri						
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card DEFT			
Street Address		City	•	State Zip Code			
Purpose of Expenditure (by code)	Description	Ev	ent #	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril) Independent	·				
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card OEFT			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description	Eve	ent #	Amount			
Expenditure # (if applicable)							
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card EFT			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description	Ev	ent #	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	e) Independent					
		UBTOTAL Section P — T					
	TOTAL OF ALL EXPE	FAL of additional Section 1 NSES PAID BY COMM					
		19, Column A of Summary Pa					

IV. EXPENDITURES (Sections P—T) Page 14 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
MARY FORTIER FOR CITY COUNCIL				7TH DAY PRECEDING AMENDMENT			
Name of Payer (Name of H	Q. Campaign Exp [endor, Person or Entity who candidate paid directly]	enses Paid by Candi	idate				
USPS	Date of Payment	_	ursement claimed?				
Street Address		110.00	O 1				
		City				Zip Code	
135 GRAND ST WATERBURY						06701	
Purpose of Expenditure (by code) POST				¥	Amount 110.00		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reimb	ursement claimed?	
					0	Yes 🔘 No	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #	‡		Amount	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?		
					O Yes O No		
Street Address		City			State	Zip Code	
						•	
Purpose of Expenditure (by code)	Description		Event #	#	1	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	ate of Payment Is reimbursement clair		
					O A	Yes O No	
Street Address	City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #			lAmount	
(5) 2020)							
Name of Payee (Name of Vo	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	ursement claimed?	
					Yes No		
Street Address		City	Sta			Zip Code	
Purpose of Expenditure (by code)	Description		Event #	!	Amount		
Name of Payee (Name of Ve	endor, Person or Entity who candidate paid directly)		T	Date of Payment	Is reimb	ursement claimed?	
					Yes No		
Street Address		City	1		State	Zip Code	
Purpose of Expenditure	Description	<u> </u>	Event #	!		Amount	
(by code)	•				1	inount	
SUBTOTAL Section Q — This Page 110.00							
TOTAL of additional Section Q Pages 0							
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals)							

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTE MARY FORTIER FO				PE OF REPO		NDMENT			
IN THE TOTAL PROPERTY OF	1 0 •	4 6			CEDING AME	NUMENT			
Name of Issuing Instit	R. Expenses Incurred	Type of Credit C		III Card					
			Master Ca	rd O D	iscover O A	American Express	o Other:		
Name of Vendor, Person or	r Entity					Date of T	ransaction		
Street Address		City				State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #			Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization A B OC D								
Name of Vendor, Person or	Entity					Date of T	Date of Transaction		
Street Address		City				State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #			Amount		
Type of Expenditure # (if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Organization Organization Organization									
Name of Vendor, Person or	Entity					Date of T	ransaction		
Street Address		City				State	Zip Code		
Purpose of Expenditure (by code)	Description		1	Event #			Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required to None of the below Coordinated with reimbursement sought (joint expenditused Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement sought (in-kind control of the below Coordinated with out reimbursement with the below control of the below control of the below with the be	ıre)	Independ	dent	Ов Ос	OD			
	SUI	BTOTAL Secti	on R—TI	his Page	0	•			
	TOTA	AL of additiona	d Section F	R Pages	0				
ТОТ	FAL OF ALL EXPENSES INCURRED ON C (Enter total on Line				0				

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	(עב	TYPE OF REPORT		
MARY FORTIER FOR CITY COUNCIL 7TH DAY PRECED					
	S. Expenses Incurred by Con	nmittee but Not Paid	During this Period		
Name of Creditor				Date Incu	ured
				İ	
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #		
(by code)	Event #				nount Incurred stimate or Actual)
Expenditure #	Type of Expenditure (Itemization in Addendum S Require	dunlars "None of the below	fig about of	-	
(if applicable)	None of the below	·	oendent	İ	
	Coordinated with reimbursement sought (joint expen	diture) Organ	nization: OA OB OC O		
	Coordinated without reimbursement sought (in-kind of	contribution)	O. O. O.		
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #	1	nount Incurred
(by code)				1	stimate or Actual)
Expenditure #					
(if applicable)	Type of Expenditure (Itemization in Addendum S Required	-	•		
	None of the below Coordinated with reimbursement sought (joint expendence)		endent		
	Coordinated without reimbursement sought (in-kind of	contribution)	aization: OA OB OC OI]	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #		
(by code)	Decomption		Even #	1	nount Incurred stimate or Actual)
T. 1				_	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required				
	None of the below Coordinated with reimbursement sought (joint expendence)	Independent			
	Coordinated without reimbursement sought (in-kind of		nization: OA OB OC OI	9	
	1 -				
		SUBTOTAL Section	S-This Page 0		
		TOTAL of additional Co	etia CD		
1942446.33		TOTAL of additional Sec	ction 8 Pages 0		
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DUR				
100	(Emericial on	Line 28, Column A of Summ	ary Page Totals)		
	Previously reported Ex	penses Unpaid and still C	Outstanding 0		
	TOTAL OF ALL EXPENSES INCURRE				
	(Enter total on L	ine 28a, Column A of Summi	ary Page Totals)		

NAME OF COMMUTE	FF (Provide Complete Name as Paristrue duith File Days	owi)			777	DEOFE	DODE			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) MARY FORTIER FOR CITY COUNCIL					TYPE OF REPORT 7TH DAY PRECEDING AMENDMENT					
	T. Itemization of Reim	bur	sements	and Secon						
Last Name of Worker/Con		Firs				•	MI	Date of Person o	Payment to or Entity	Vendor,
Name of Vendor, Person of					reported i	to Reimburse n Section P:	_			
Street Address of Vendor	Person or Entity Paid by Committee Worker/Consultant		O':			Che	ck #		bit Card	
Sirect Address of Vendor,	reison of Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
Purpose of Expenditure (by code)	Description				Event #				Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kine)	enditur	re)	Independent	,	0 () O			
Last Name of Worker/Cons	ultant	First	i.				MI	Date of Person of	Payment to r Entity	Vendor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant						o Reimburse n Section P: ck #		Worker/Con	_
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	(City			1. —		State	Zip Code	
Purpose of Expenditure (by code)	Description	!			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind)	enditur	e)	Independent	ŕ	O C) O			
Last Name of Worker/Cons	ultant	First	į				МІ	Date of I Person o	Payment to r Entity	Vendor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	_L					O Reimburse	_	Worker/Cor	nsultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City			Circle		State	Zip Code	
Purpose of Expenditure (by code)	Description				Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	enditure	e)	Independent		O C) O			
		St	ЉТОТАI	Section T –	— This Pa	ge 0				
		TO	ΓAL of ad	ditional Sect	ion T Pag	es 0				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WOF	RKERS A	ND CONS	ULTAN'	rs 0				